

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) UAW EDUCATION FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00528448 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"> M M / D D / Y Y Y Y Y Y 09 / 22 / 2016 </div>	

Full Name of Payee CUSTOM PROMOTIONS, INC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 09 / 22 / 2016 </div>		
Mailing Address 17520 WEST 12 MILE RD STE. 200			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 18869.00 </div>		
City SOUTHFIELD	State MI	Zip Code 48076	Transaction ID : SE.4413		
Purpose of Expenditure YARD SIGNS/BUTTONS		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 006 </div>	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>		
Name of Federal Candidate HILLARY RODHAM CLINTON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 18869.00 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____		

Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>		
Mailing Address			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> _____ </div>		
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y </div>		
Purpose of Expenditure		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px;"> _____ </div>	<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 18869.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> _____ </div>
(c) TOTAL Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px;"> 18869.00 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

GARY CASTEEL

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 09 / 28 / 2016

Signature